● PRINTER RUSH ●
(PTO ASSISTANCE)

Application : 09/801609   **Examiner :** Detwiler, B   **GAU :** 2173

From: JHC   **Location:** (IDC) FMF FDC   **Date:** 06/21/05

Tracking #: 0610812   **Week Date:** 05/23/05

DOC CODE	DOC DATE	MISCELLANEOUS
☐ 1449	_____	☐ Continuing Data
☐ IDS	_____	☐ Foreign Priority
☑ CLM	11-16-2004	☐ Document Legibility
☐ IIFW	_____	☐ Fees
☐ SRFW	_____	☐ Other
☐ DRW	_____	
☐ OATH	_____	
☐ 312	_____	
☐ SPEC	_____	

[RUSH] MESSAGE: Improper Dependency: Original claim 21 depends upon canceled original claim 20. Please Resolve.

Thank you

[XRUSH] RESPONSE: _____

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04